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APPLICANTS

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** CONTINUING DATA ***** *SK*
 This appln claims benefit of 60/459,971 04/04/2003

** FOREIGN APPLICATIONS ***** *SK*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 06/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>SK</i> Examiner's Signature _____ Initials _____	STATE OR COUNTRY MN	SHEETS DRAWING 20	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
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 23117
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TITLE
 Weight scale for fluid collection bag of extracorporeal circuit

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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